



NEW JERSEY STATE EMPLOYEES
DEFERRED COMPENSATION PLAN

Change of Address Form

NJ STATE EMPLOYEES DEFERRED COMPENSATION PLAN

Instructions Please print using black or blue ink. Please keep a copy for your records and send completed form to the following address.

Prudential
30 Scranton Office Park
Scranton, PA 18507-1789

Questions?

Call 1-866-NJSEDCP (1-866-657-3327)
for assistance.

If you are hearing impaired and have a
teletype (TTY) line, call 1-877-790-5166.

**About
You**

Please Complete All Items.

Full Name: _____

Social Security Number: _____ — _____ — _____

Please change my home mailing address to:

Address: _____

City: _____

State: _____ **ZIP Code:** _____ — _____

Home Telephone: (_____) _____ — _____

Work Telephone: (_____) _____ — _____ **Ext.:** _____

X _____ **Date:** _____ / ____ / 20____
Your Signature

If any further information is needed concerning this matter, please contact our office in writing or by calling toll-free 1-866-NJSEDCP (1-866-657-3327).